

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030895

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 2060

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Richmond Heights

Length of stay in 1b

6 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION St. Marys Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY

OR

TOWN

Oakville

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

610 Cronin Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AMANDA

TOBIN

4. DATE
OF
DEATH

Month

Day

Year

June 26, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-2-1876

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Retired-Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY

Samuel Shoe Mfg. Co. Wisconsin

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Patrick Tobin

13b. MOTHER'S MAIDEN NAME

Margaret- - - - -

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Nellie Wencker, 3529 St. Louis Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN

ONSET AND DEATH

3 days

DUE TO (b)

Cerebral Vascular Accident

DUE TO (c)

Generalized Cerebral Vascular Accident

15 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I (a))

Dehydration, Cardiac, Suffocating, Cerebral Vascular Accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 19 61 to June 26 63 and last saw her alive on June 25 1963

Death occurred at 7:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

23b. DATE

June 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Bl.

25. DATE RECD. BY LOCAL REG.

6-27-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Boyd Meyers
Missouri Theatre Bldg. - OL 2-3888
Northland Med. Center-EV 5-3322
FILE IN COUNTY

NO WEDNESDAY HOURS

HOURS: Thurs. 1-6 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert E. Muhleman

Licensed Embalmer No.

4916

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.